

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016416

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 45
FILED MAY 1 1962VS 300
Rev. 4/591 08902 0540

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12 1-213 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u>		c. CITY OR TOWN <u>Wellington</u>	
Length of stay in 1b <u>9 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>3 miles south on 131 highway</u>	
3. NAME OF DECEASED (Type or print) First <u>ERNEST</u> Middle <u>GUSTAV</u> Last <u>KOHLSTAEDT</u>		4. DATE OF DEATH Month <u>April</u> Day <u>20</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/3/1893</u>
9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>Chamois, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frederick Kohlstaedt</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Wehmeier</u>	
14. NAME OF HUSBAND OR WIFE <u>Ella Block Kohlstaedt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (g., or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>Mrs. Ella Kohlstaedt Wellington, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebellar Hypoxia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypoventilation</u> DUE TO (c) <u>Bronchogenic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>3 weeks</u> <u>8 months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Advanced Coronary Artery Disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:25</u> a.m. <u>Am.</u> Month, Day, Year <u>11/10/61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Lukes</u>	20f. CITY, TOWN, OR LOCATION <u>Wellington, Missouri</u>		
21. I attended the deceased from <u>11/10/61</u> to <u>4/20/62</u> and last saw him alive on <u>4/19/62</u> Death occurred at <u>9:25 Am.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	
22b. ADDRESS <u>Wellington Mo.</u>		22c. DATE SIGNED <u>4/21/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/23/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Lukes</u>	
23d. LOCATION (City, town, or county) <u>Wellington, Missouri</u>		23e. DATE RECD. BY LOCAL REG. <u>4-25-1962</u>	
24. FUNERAL DIRECTOR <u>J. C. Sheppard</u>		26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

0980
not embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Blair Shippard

Licensed Embalmer No. 4179

P. O. Address Wellington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.